

City of Thomasville - COMMERCIAL BUILDING PERMIT APPLICATION

Job Site Address _____ Date ____/____/____

Property Owner _____ Telephone: _____

Address _____ City _____ State _____ Zip _____

Occupancy Group _____ Type of Building _____ New _____ Existing _____ Addition _____ Upfit _____

Type of Construction _____ I _____ II _____ III _____ IV _____ V → _____ A or _____ B

Property Use: _____ Apartments _____ Condominiums _____ Town Homes _____ Other _____

New Square Footage _____ Existing Square Footage _____ Total Square Footage _____ If Alteration-Cost of Upfit (Not Including New Construction) _____

Permit Office - 10 Salem Street, Thomasville, NC 27360 (336) 475-4249 Fax: (336) 475-4258

On commercial construction our review process requires 5 copies of the site plan and 3 copies of the construction plans along with a completed Appendix B.

*Note - Please send one of these sets of the construction plans to:
Fire Marshall, City of Thomasville, 712 East Main Street, Thomasville, NC 27360*

Once the review process is complete, your general contractor will need to complete this application and forward it to the permit office along with a Certificate of Insurance or a Workmen's Compensation Affidavit.

Contractor Name _____

N. C. License No. _____ Classification _____ City Privilege License No. _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Mobile _____

Design Professional _____

Address _____ City _____ State _____ Zip _____

☐ Architect ☐ Engineer NC Reg. No. _____ ☐ Owner ☐ Other _____

Telephone _____ Fax _____ Mobile _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and Local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Signature of Licensed Contractor

OR

Signature of Owner Acting as Contractor (Additional Form to be Completed)

Print Contractor's Name _____

(For Office Use Only - To Be Completed By Inspections Department)

Building Permit No. _____ Value of Construction _____ Permit Fee _____